

ACCESSING MEDICATIONS THROUGH VIRGINIA'S RYAN WHITE PART B DRUG FORMULARY

BACKGROUND:

In compliance with both the federal legislation and administrative guidance that governs the management of Ryan White funding, this policy requires that all services provided utilizing Ryan White HIV/AIDS Program Part B (RWHAPB) funds relate to the client's Human Immunodeficiency Virus (HIV) diagnosis, or to other Virginia Department of Health (VDH)-identified conditions that affect HIV management and best health outcomes for people with HIV (PWH). Medications have a variety of uses, treat different symptoms and conditions, and may even vary from the drug class or type listed in this formulary. Determining a prescribed drug's relationship to HIV management can sometimes be difficult. VDH developed a RWHAPB formulary to ensure that basic drugs needed to treat HIV-related conditions, as well as other conditions that affect HIV management, are available, statewide. VDH takes other program outcomes and public health concerns, such as the results of more diverse programming and the state's ongoing opioid epidemic, respectively, into consideration during services planning and delivery, including reviews of, and revisions to, this formulary. The program remains committed to improving the health of all Virginians, and particularly in achieving health equity for all Virginians living with HIV.

POLICY:

- RWHAPB funds will support the purchase of only the drugs listed on the VDH RWHAPB formulary for eligible RWHAPB clients.
- RWHAPB funds will not pay for medications available through the AIDS Drug Assistance Program (ADAP) unless the delay in treatment would endanger the individual's health (for example, a client needs immediate access to medications to treat an opportunistic infection). Coverage is limited to no more than a 5-day supply and access would switch back to the ADAP formulary.
- For clients with third party coverage under the ADAP Insurance Continuation Assistance Program (ICAP), VDH will pay co-pays for client medications on the RWHAPB and ADAP formularies.
- Requests for medication assistance under the RWHAPB formulary must first use generic formulations. When a drug on this formulary has an over the counter (OTC) strength or equivalent, HIV Care Services (HCS) will reimburse the OTC drug cost. Other than the drugs listed on the formulary with OTC versions, you may not purchase OTC medications with RWHAPB dollars. HCS will reimburse for brand name formulations only if a generic formulation is not available. The RWHAPB formulary lists brand names for reference-purposes only.

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- RWHAPB funds will pay for compound drugs listed on this formulary. If this formulary only lists the separate components, the compound formulation is not covered.

PROCEDURE:

- Providers do not need prior approval from VDH to purchase, and request reimbursement for, drugs on this formulary. However, subrecipients should determine that the reason for the drug prescription meets the criteria of this policy before making payment for the drug. Repeating the criteria, VDH will only pay for drugs on this formulary (or equivalent OTCs) when it is intended to treat an HIV-related condition or other approved condition that affects health outcomes like viral load suppression for PWH (such as medications for substance use disorders, see Policy on Medication Assisted Treatment Access in Virginia’s RWHAPB Program). For example, you can pay for pain medication to treat neuropathy, but not medications to treat pain from injuries resulting from a traffic accident.
- To receive reimbursement for providing access to medications through this formulary, providers must submit the required documentation to access medications and for reimbursement. For Emergency Financial Assistance – Medications (EFA), Outpatient Ambulatory Health Services-Medications (OAHS) or Health Insurance Premium and Cost-Sharing Assistance (HIPCSA) Medication, please submit the “Virginia RWHAPB formulary Supportive Documentation Form” to your HCS Services Coordinators along with your regular monthly invoice. For any Medication Assisted Treatment (MAT) medications, the agency needs to submit the “Medication Assisted Treatment (MAT) Access in Virginia Supportive Documentation Form” with the agency’s regular monthly invoice.

DOCUMENTATION:

- The RWHAPB service categories for assistance with medication from this formulary are EFA, OAHS or HIPCSA which are limited to assisting clients no more than twice without requesting permission from VDH per grant year (clients may receive assistance with multiple medications during each request. For example, you may assist a client with three medications in April at the beginning of the Ryan White grant year and with four medications in February of the following year. The **exception is** for any medication listed to treat an opioid use disorder or alcohol use disorder under MAT. For any medications from this formulary for these disorders, the service category to use is Substance Abuse Outpatient Care, which does not currently have any restrictions on the use of this service category in the Ryan White grant year.
- Medication assistance providers must maintain the following documentation for each prescription in the agency and/or client records:

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- Name, dosage, frequency of medication, and quantity supplied
 - Name of prescriber and Drug Enforcement Administration (DEA) number if required for certain medications
 - Amount paid for prescription
 - Any documentation related to reason for use of the drug, HIV or other approved condition relatedness, use of lower cost alternatives, or other pertinent issues.
- HCS Services Coordinators will perform a random selection and review of this documentation during site visits to subrecipients and second-level providers.

GUIDANCE:

- To maximize availability of funds, agencies should make every effort to provide cost effective treatment. Whenever possible, providers should use the most clinically appropriate, but least expensive alternatives first.
- Pharmaceutical manufacturers offer Pharmaceutical Assistance Programs (PAPs) for obtaining some medications at no or very low cost. VDH strongly encourages using these programs for any medication required for longer than one month.

EXCEPTION:

- VDH is dedicated to timely and effective public health measures in response to any communicable disease outbreaks and exposure. In addition to providing requested medications to RWPB clients, HCS will also reimburse for prophylactic or treatment medications to household members of RWHAPB clients if recommended by the client’s health care providers to prevent transmission of illnesses that may affect the health outcomes to RWPB clients. To eliminate administrative burden, providers should record the provision of these medications to household members as a service unit under the originating Ryan White client’s case.

REVIEW OF THE RWHAPB FORMULARY:

- VDH will review the formulary at least annually.
- Providers may make requests for additions to the formulary in writing to:
 - Safere Diawara
 Manager, Clinical and Data Administration
 Division of Disease Prevention
 Virginia Department of Health
 109 Governor Street, 3rd Floor
 Richmond, VA 23219
 Safere.Diawara@vdh.virginia.gov
- Requests for additions to the formulary must include the following information:
 - Name of the drug, generic and brand names
 - Justification for drug’s addition

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- If other drugs used to treat the same condition are already included on the formulary, an explanation as to how this drug is better than the approved alternatives.
- The drug's relationship to HIV management or other specified conditions indicated in this policy.

REFERENCES:

Policy Clarification Notice (PCN) #16-02 “Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds” at <https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18) Replaces Policy #10-02 <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>